



Heritage Preservation Education & Training Initiative

(2nd Request for Applications)

Montana State Historic Preservation Office

Grants to Preserve and Promote
Montana's Heritage and Cultural Assets

2008 APPLICATION FORM

Deadline: Monday, March 3, 2008

Please follow the Guidelines and Application Instructions to complete this application. Applicants must submit one (1) signed original and four (4) copies – a total of 5 – complete application packages. See additional mailing instructions on the last page of the application form. **Application must not exceed 10 pages total, excluding scholarship request.** Use 10 point or larger font.

1. GENERAL PROJECT INFORMATION

Project Title (10 words or less) _____

Name of Applicant (Preserve America Community/THPO) _____

Type of Applicant (Select only one)

- ☐ Designated Preserve America Community
☐ CLG / Community that submitted a Preserve America Community application Date submitted _____
☐ Tribal Historic Preservation Office

Type of Grant Requested

- ☐ Preservation Education and/or Training Project
☐ Preservation Education and/or Training Scholarship

Amount Requested (Federal Share) \$ _____ **TOTAL Project Cost \$** _____
Amount allocated to community in PA II Round 1 \$ _____ (Total PA II Rounds 1 and 2 must not exceed \$15,000)

2. APPLICANT CONTACT INFORMATION

Contact Person _____ Title _____

Organization _____

Address _____

City _____ State Montana Zip Code _____

Daytime Telephone (406) _____ - _____ FAX Number (406) _____ - _____

E-mail _____

3. SIGNATURE OF AUTHORIZING OFFICIAL

(The applicant's authorizing official (city, county, or Tribal) must sign and date this form. Signatures must be original and in ink.)

Signature _____ Date _____

Print Name and Title _____

(If applying for a scholarship only, please skip to Section J. 4.)

4. PRESERVATION EDUCATION/TRAINING PROJECT SUMMARY

Briefly summarize your project emphasizing the primary objectives and results. List the project tasks and deliverables, and estimated budget for each.

5. PROJECT DESCRIPTION AND BUDGET

Describe your community's historic resources, including whether they are listed in the National Register of Historic Places.

A. Project Objectives.

How will the proposed preservation education/training project promote the community's historic resources and cultural assets?

- B. How does the proposed preservation education/training project contribute to the long-range goals of the community and preservation of its historic resources and cultural assets?** (i.e. how does the project meet the goals of the local or statewide preservation plan, heritage tourism plan, or plan for an existing heritage area.) Identify the source of the community's long-range goals and when they were developed and adopted by the community.
- C. Why is the proposed preservation education/training project the most appropriate action or strategy for the promotion of heritage tourism and economic development at this time?**
- D. Does the proposed preservation education/training project involve a public-private partnership that will continue to support the resource(s) after the grant project is complete?** Describe all entities that are involved with, or affected by, the project. Include evidence of involvement from partner organizations directly involved in the project. Describe the extent to which the public will be involved with the project.

E. Project Activities and Timelines. How and when will you perform the project activities to achieve the Grant Objectives? List and describe the project tasks, schedule and products. All grant activities must be accomplished within the grant period (generally 12 – 18 months).

F. Past Projects. Has your community received grants from the Montana State Historic Preservation Office in the past? Did you submit complete and on-time reports? Did you promptly respond to MT SHPO? Were your products delivered on or before the deadline? Were you over or under budget? Were there extenuating circumstances?

G. Personnel Qualifications. List the project personnel. Describe their responsibilities and the amount of time each will dedicate to the project. If you plan to obtain consultant(s) or technical assistance from universities, professional organizations, or other institutions, describe the criteria that will be used to competitively select these services.

H. Preservation Education/Training Project Budget. The budget must be clear, and all work elements must be eligible, reasonable, and directly relevant to the project. Outline the project budget in the form below; add additional lines in a category as needed. Each cost item must clearly show how the total charge for that item was determined. All major costs must be listed, and all cost items should be explained in the narrative of the application. The budget should include at least the minimum required match (e.g., if applying for a \$3,000 grant, the budget must describe at least \$6,000 of costs/work). Match exceptions will be made for smaller communities and applicants need to contact SHPO for advice. Exceptions should be integrated into this application. All non-federal match must be cash expended or services donated during the grant period, which is generally 1 to 2 years and is specified in the grant agreement. If you have any questions about cost categories, or how to formulate your budget items, please email rlincoln@mt.gov or rschliesman@mt.gov. **For scholarships, please go to Section J and K.**

1. Personnel. Provide the names and titles of key project personnel. Please note that grant funds may not be used to pay Federal employee salaries, nor may Federal salaries be used as match/cost share.				
Name/Title of Position	Wage or Salary	Federal Grant Funds	Match /Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

2. Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.				
Rate	Salary or Wage Base	Federal Grant Funds	Match / Cost Share (if any)	Total
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

3. Consultant Fees. Include payments for professional and technical consultants participating in the project.					
Name and Type of Consultant	# of Days	Daily Rate of Compensation	Federal Grant Funds	Match/Cost Share (if any)	Total
		\$	\$	\$	\$
Subtotal			\$	\$	\$

4. Travel and Per Diem. Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.							
From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	Federal Grant Funds	Match/ Cost Share (if any)	Total
					\$	\$	\$
Subtotal					\$	\$	\$

5. Office Supplies and Materials. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$5000 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in Equipment - Category 6.				
Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

6. Equipment. List all equipment items in excess of \$5000. Items worth less than \$5000 or that have a useful life of less than two years must be listed in Supplies and Materials - Category 5.

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

7. Other (specify).

Item	Cost	Federal Grant Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

BUDGET SUMMARY Enter category totals here

Category	Federal Grant Funds	Match/Cost Share	Total
1. Personnel	\$	\$	\$
2. Fringe Benefits	\$	\$	\$
3. Consultant Fees	\$	\$	\$
4. Travel and Per Diem	\$	\$	\$
5. Supplies and Materials	\$	\$	\$
6. Equipment	\$	\$	\$
7. Other	\$	\$	\$
TOTAL PROJECT COSTS	\$	\$	\$

I. What are the sources of the non-federal match?

List the **secured** sources and amounts of the required dollar-for-dollar non-federal match, which can be cash, donated services, or use of equipment. Federal appropriations or other Federal grants, except CDBG grants from HUD, may not be used for match. All non-Federal match must be used during the grant period to execute the project. If the match is **not secured**, explain how it will be raised.

J. Scholarship (If applying for a scholarship only, please complete page 1 and continue here.)

4. Name and description of the conference or workshop, location, and dates. How will the education/training benefit the community? (40 points)

5. How and when will the learned information be delivered to the community? (20 points)

6. How does the education/training fit with the community's heritage tourism and promotion strategy? (20 points)

7. What cash and/or in-kind sources will match the scholarship? (20 points)

K. Scholarship Budget Please use this section for preservation education and training scholarships. Grant requests may be up to \$500/person and must be matched.

1. Registration.						
Conference Fees	# of Days			Federal Grant Funds	Match/Cost Share (if any)	Total
		\$		\$	\$	\$
Subtotal				\$	\$	\$
2. Travel and Per Diem. Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.						
From/To	# of Travel Days	Lodging and Per Diem	Transportation Costs (Airfare, Mileage)	Federal Grant Funds	Match/ Cost Share (if any)	Total
				\$	\$	\$
Subtotal				\$	\$	\$
3. Other (specify).						
Item		Cost		Federal Grant Funds	Match / Cost Share (if any)	Total
		\$		\$	\$	\$
Subtotal				\$	\$	\$

BUDGET SUMMARY Enter category totals here			
Category	Federal Grant Funds	Match/Cost Share	Total
1. Registration	\$	\$	\$
2. Travel and Per Diem	\$	\$	\$
3. Other	\$	\$	\$
TOTAL PROJECT COSTS	\$	\$	\$

L. What are the sources of the non-federal match? (See instructions in Section I.)

Applications must be received by 5 PM, Monday, March 3, 2008.

This is not a postmark date.

APPLICATION SUBMISSION

Applications must be submitted in hard copy. Faxed applications and applications submitted electronically will not be accepted. Applications not received by the deadline and incomplete applications will not be considered. Additional materials sent separately from the application will not be considered part of the application and will not be included in evaluation of the application.

Application materials will not be returned. All application materials, including photographs, become the property of the Montana Historical Society State Historic Preservation Office and may be reproduced by MHS SHPO or its partner organizations without permission; appropriate credit will be given for any such use.

YOU MUST SUBMIT:

- (1) original and four (4) copies – a total of 5 – complete application packages.
- Page one of the application must be the first page in the original and copies. Do not use other cover pages.
- The original and copies must be secured with a binder clip; do not use pocket folders, notebooks, or ring-binders.

A complete application package is:

- Completed application on 2007 form.
- Authorizing Official signature. (Section 3 – page 1)
- If not formally designated, proof of Preserve America Community application submission to Advisory Council on Historic Preservation
- Timeline for project completion. (Application Section E)
- Detailed budget and match. (Application Section H/I and/or K/L.)

Electronic Applications are available at: <http://mhs.mt.gov/shpo/default.asp>

Send Applications to:

Preserve America Grants
Montana SHPO
PO Box 201202
1410 8th Avenue
Helena, MT 59620-1202

For Project Questions: Please contact Rolene Schliesman, DSHPO and CLG Coordinator, 406-444-7742, rschliesman@mt.gov.

For Financial/Budget/Match Questions: Please contact Roxann Lincoln, Grants Manager, 406-444-7768, rlincoln@mt.gov.